

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SPECIAL OPERATIONS FOR AMERICA

ADDRESS (number and street)

PO BOX 3245

Check if different  
than previously  
reported. (ACC)

SARATOGA SPRINGS

NY

12866

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00523241

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

11 08 2016

in the  
State of

NY

(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10 01 2016

through

M M M / D D D / Y Y Y Y Y Y

10 19 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

HIETALA, KAARLO, , ,

Type or Print Name of Treasurer

Signature of Treasurer

HIETALA, KAARLO, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

10 27 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SPECIAL OPERATIONS FOR AMERICA

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">186672.24</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">252331.74</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">119178.30</span>	<span style="border: 1px solid black; padding: 2px;">1221016.59</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">371510.04</span>	<span style="border: 1px solid black; padding: 2px;">1407688.83</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">48847.80</span>	<span style="border: 1px solid black; padding: 2px;">1085026.59</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">322662.24</span>	<span style="border: 1px solid black; padding: 2px;">322662.24</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**SPECIAL OPERATIONS FOR AMERICA**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
10	/	19	/	2016

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	60699.00	389694.39
(ii) Unitemized .....	58479.30	831322.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	119178.30	1221016.59
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	119178.30	1221016.59
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	119178.30	1221016.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	119178.30	1221016.59

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	33204.55	1060582.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	33204.55	1060582.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	15643.25	24444.39
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48847.80	1085026.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48847.80	1085026.59

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	119178.30	1221016.59
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	119178.30	1221016.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	33204.55	1060582.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	33204.55	1060582.20

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

The payments on line 21b for Direct Mail Printing, Direct Mail Printing & Postage, Printing & Design Services and Online Advertising were for general PAC fundraising--not for public communications that referred to a clearly identified candidate for federal office.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AGUIRRE, CHARLES, , ,**

Mailing Address 4450 SACRAMENTO AVE

City  
FREMONT

State  
CA

Zip Code  
94538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133729

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ALLEN, NANCY, , ,**

Mailing Address 1411 MORNINGSID DR

City  
LEBANON

State  
IN

Zip Code  
46052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.132455

Amount of Each Receipt this Period

160.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AMANTI, ANTHONY, , ,**

Mailing Address 42 MAGNOLIA TER

City  
WESTFIELD

State  
MA

Zip Code  
01085

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.131451

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AMANTI, ANTHONY, , ,**

Mailing Address 42 MAGNOLIA TER

City  
WESTFIELD

State  
MA

Zip Code  
01085

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.131450

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ASPLUNDH, MYRA, , ,**

Mailing Address PO BOX 11

City

BRYN ATHYN

State

PA

Zip Code

19009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.131785

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ASPLUNDH, MYRA, , ,**

Mailing Address PO BOX 11

City

BRYN ATHYN

State

PA

Zip Code

19009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2016

Transaction ID : SA11AI.131786

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AUSTIN, SHIZUKO, , MS,**

Mailing Address 21255 JOHN MILLESS DR APT 208

City  
ROGERS

State  
MN

Zip Code  
55374

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.132711

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AYERS, JAMES, , ,**

Mailing Address 10208 FROG HOLLOW LN

City

PETERSBURG

State

PA

Zip Code

16669

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.131730

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BASTOW, JOHN, D, MR,**

Mailing Address 2834 W 4TH AVE

City

EL DORADO

State

KS

Zip Code

67042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.132960

Amount of Each Receipt this Period

53.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

603.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BATES, GEORGE, V, MR,**

Mailing Address 1180 WILLOW ST

City  
GRAFTON

State  
OH

Zip Code  
44044

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.132397

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BAUMANN, CHARLES, B, ,**

Mailing Address 4836 BRISCOE RD

City

SAINT LEONARD

State

MD

Zip Code

20685

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.131829

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BEGENDORF, MARGARET, , MRS,**

Mailing Address 180 VAN CORTLANDT PARK S

City

BRONX

State

NY

Zip Code

10463

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.131598

Amount of Each Receipt this Period

80.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

480.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BERENS, ROBERT, , MR,**

Mailing Address 24120 PLYMOUTH HOLLOW CIR

City  
SORRENTO

State  
FL

Zip Code  
32776

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.132135

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BERGER, H RIPPLES, , MRS,**

Mailing Address 3680 E AZ HIGHWAY 260 SPC C32

City  
PAYSON

State  
AZ

Zip Code  
85541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.133415

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BIEJO, LITA, ZABALA, MS,**

Mailing Address 9555 W LOS ANGELES AVE

City  
MOORPARK

State  
CA

Zip Code  
93021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.133668

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BINION, QUINCY, RAYLINE, MRS,**

Mailing Address PO BOX 185547

City  
FORT WORTH

State  
TX

Zip Code  
76181

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA11AI.133152**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BIRKEMEIER, MARGARET, B, MS,**

Mailing Address 1589 S IVY ST APT 116

City  
CANBY

State  
OR

Zip Code  
97013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2016

**Transaction ID : SA11AI.133865**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BIRKEMEIER, MARGARET, B, MS,**

Mailing Address 1589 S IVY ST APT 116

City  
CANBY

State  
OR

Zip Code  
97013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA11AI.133862**

Amount of Each Receipt this Period

5.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

355.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BLAKE, JOHN, , MR,**

Mailing Address 833 RIDGEMARK DR

City  
HOLLISTER

State  
CA

Zip Code  
95023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.133759

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BOLT, LELAND, E, MR,**

Mailing Address 5155 CANTERBURY DR

City  
SAN DIEGO

State  
CA

Zip Code  
92116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2016

Transaction ID : SA11AI.133585

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BOYLES, KENNETH, E, ,**

Mailing Address 104 MAHOGANY CT

City  
MARTINSBURG

State  
WV

Zip Code  
25404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2016

Transaction ID : SA11AI.131943

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BRANDEL, JAMES, B, ,**

Mailing Address 5713 JACK RD

City  
JACKSONVILLE

State  
FL

Zip Code  
32277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
TAX ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2016

Transaction ID : SA11AI.132111

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BRANDON, EDITH, , MRS,**

Mailing Address 3001 TECKLA BLVD

City  
AMARILLO

State  
TX

Zip Code  
79106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.133255

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BROWN, DAVID, , MR,**

Mailing Address 300 W FRANKLIN ST APT 1108E

City  
RICHMOND

State  
VA

Zip Code  
23220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : SA11AI.131893

Amount of Each Receipt this Period

7.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

207.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BROWN, DAVID, , MR,**

Mailing Address 300 W FRANKLIN ST APT 1108E

City  
RICHMOND

State  
VA

Zip Code  
23220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : SA11AI.131894

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BROWN, KATHRYN, M, MRS,**

Mailing Address PO BOX 815

City  
LAKE CITY

State  
SC

Zip Code  
29560

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BROWN ANIMAL HOSPITAL

Occupation (for Individual)  
BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.132039

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BRUNOFF, SUSAN, VALERIA, MRS,**

Mailing Address 334 W CEDAR ST

City  
NEW HOLLAND

State  
PA

Zip Code  
17557

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2016

Transaction ID : SA11AI.131756

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

278.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BRUNOFF, SUSAN, VALERIA, MRS,**

Mailing Address 334 W CEDAR ST

City  
NEW HOLLAND

State  
PA

Zip Code  
17557

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : SA11Al.131757

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BRUNOFF, SUSAN, VALERIA, MRS,**

Mailing Address 334 W CEDAR ST

City  
NEW HOLLAND

State  
PA

Zip Code  
17557

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11Al.131755

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BULLOCK, GEORGE, C, MR,**

Mailing Address 138 PROGRESS DR

City  
DOYLESTOWN

State  
PA

Zip Code  
18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2016

Transaction ID : SA11Al.131777

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BURKS, ROBERT, W, ,**

Mailing Address 1711 VICTORIA CIR

City  
VERO BEACH

State  
FL

Zip Code  
32967

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2016

Transaction ID : SA11AI.132155

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BURNETT, KENNETH, , MR,**

Mailing Address 550 OLD WAGON RD

City  
SEYMOUR

State  
TN

Zip Code  
37865

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.132312

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BURT, WILLIAM, F, MR,**

Mailing Address 1 HARVEST CIR UNIT 3

City  
LINCOLN

State  
MA

Zip Code  
01773

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.131461

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 18 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CALLAHAN, THOMAS, D, MR,**

Mailing Address 1801 162ND AVE NE

City  
BELLEVUE

State  
WA

Zip Code  
98008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.133913

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CARNEY, PETER, ROY, ,**

Mailing Address 10 S RIVERSIDE PLZ STE 1600

City  
CHICAGO

State  
IL

Zip Code  
60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.132843

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CARTRIGHT, WILMA, , ,**

Mailing Address 514 W ARTHUR ST

City  
PARIS

State  
IL

Zip Code  
61944

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.132873

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CHELF, HELEN, , ,**

Mailing Address 561 MENOMINEE TRL

City  
FRANKFORT

State  
KY

Zip Code  
40601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.132358

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CHERNE, PHYLLIS, , MS,**

Mailing Address 407 EMERALD WAY

City  
PLACENTIA

State  
CA

Zip Code  
92870

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : SA11AI.133661

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CHIOFOLO, SYLVIA, , MRS,**

Mailing Address 323 CALVIN DR

City  
SALISBURY

State  
MD

Zip Code  
21804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.131863

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

228.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CLARK, MARY, J, MS,**

Mailing Address 9400 HURON RIVER DR

City  
DEXTER

State  
MI

Zip Code  
48130

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.132513

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. COMSTOCK, MARIAN, , MRS,**

Mailing Address 188 KNOX ST

City  
MILLINOCKET

State  
ME

Zip Code  
04462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.131497

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CONTI, JESSE, D, MR,**

Mailing Address PO BOX 2301

City  
COLORADO SPRINGS

State  
CO

Zip Code  
80901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.133309

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COONS, BARBARA, E, MS,**

Mailing Address 601 NE SCHOOL ST

 City  
 LAMAR

 State  
 MO

 Zip Code  
 64759

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016

Transaction ID : SA11AI.132927

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. COPELAND, BETTY, JOAN, MRS,**

Mailing Address 5102 STATE ROUTE 488

 City  
 PORTERSVILLE

 State  
 PA

 Zip Code  
 16051

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 INFORMATION REQUESTED

 Occupation (for Individual)  
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016

Transaction ID : SA11AI.131721

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. COROTHERS, JOHN, M, , WWII VET**

Mailing Address 47617 181ST ST

 City  
 CLEAR LAKE

 State  
 SD

 Zip Code  
 57226

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 INFORMATION REQUESTED

 Occupation (for Individual)  
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016

Transaction ID : SA11AI.132756

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COUCH, BYRON, , MR,**

Mailing Address 3341 KNOT LN

City  
HEATH SPRINGS

State  
SC

Zip Code  
29058

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.132028

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. COUCH, BYRON, , MR,**

Mailing Address 3341 KNOT LN

City  
HEATH SPRINGS

State  
SC

Zip Code  
29058

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.132029

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. COUCH, PATRICK, S, MR,**

Mailing Address 8161 HAPPY VALLEY RD

City  
SOMERSET

State  
CA

Zip Code  
95684

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.133807

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COX, DORTHA, M, MS,**

Mailing Address 4900 MORRIS LN

City  
OKLAHOMA CITY

State  
OK

Zip Code  
73112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.133053

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. COX, LEROY, E, MR,**

Mailing Address 39463 MANORGATE RD

City  
PALM DESERT

State  
CA

Zip Code  
92211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.133594

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CRAWFORD, BETTY, R, MRS,**

Mailing Address 601 ASPEN TRL

City  
MUSCATINE

State  
IA

Zip Code  
52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.132621

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CUMBIE, JERRY, , ,**

Mailing Address 1186 OAK RIDGE DR

City  
TERRELL

State  
TX

Zip Code  
75160

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133112

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CYR, CHARLES, , MR,**

Mailing Address 233 NEWPORT DR

City  
PALM SPRINGS

State  
CA

Zip Code  
92264

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.133609

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DALES, GISELA, , MS,**

Mailing Address 8 GARY AVE

City  
TAYLORS

State  
SC

Zip Code  
29687

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.132049

Amount of Each Receipt this Period

15.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

215.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DARR, MARY, , MRS,**

Mailing Address 810 PENN ST APT 3

City  
MANDEVILLE

State  
LA

Zip Code  
70448

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.133009

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DAVIS, BRADFORD, C, MR,**

Mailing Address 3612 HUNTER RD

City  
KERSHAW

State  
SC

Zip Code  
29067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.132031

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DAVIS, REVE, R, ,**

Mailing Address 7306 N TROOST AVE

City  
GLADSTONE

State  
MO

Zip Code  
64118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.132918

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

205.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 146  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DAVIS, REVE, R, ,**

Mailing Address 7306 N TROOST AVE

City  
GLADSTONEState  
MOZip Code  
64118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	17	2016

Transaction ID : SA11AI.132917

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DEAN, DONALD, C, ,**

Mailing Address 7367 E 100 S

City  
ELWOODState  
INZip Code  
46036FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	17	2016

Transaction ID : SA11AI.132452

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DECKER, HELEN, R, MRS,**

Mailing Address PO BOX 170009

City  
ARLINGTONState  
TXZip Code  
76003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

753.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	03	2016

Transaction ID : SA11AI.133144

Amount of Each Receipt this Period

402.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

537.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DEVENISH, DONNA, , MS,**

Mailing Address 4354 GALEWOOD WAY

City  
CARMICHAEL

State  
CA

Zip Code  
95608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

**Transaction ID : SA11AI.133793**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DIAZ, GONZALO, , MR,**

Mailing Address 5520 SW 72ND AVE

City  
MIAMI

State  
FL

Zip Code  
33155

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

**Transaction ID : SA11AI.132166**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DORMAN, OLEVA, , MRS,**

Mailing Address 4571 PARK PAXTON PL

City  
SAN JOSE

State  
CA

Zip Code  
95136

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

**Transaction ID : SA11AI.133767**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DOWNS, MARTHA, L, MRS,**

Mailing Address 8560 JESTER CT

City  
ELK GROVE

State  
CA

Zip Code  
95624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016

Transaction ID : SA11AI.133797

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DUNLAP, H, RENWICK, MR, JR**

Mailing Address 989 SHOOTING BOX RD

City  
KING WILLIAM

State  
VA

Zip Code  
23086

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016

Transaction ID : SA11AI.131891

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. EGNER, RITA, , ,**

Mailing Address 4355 LITTLE LEAGUE RD

City  
MADISON TOWNSHIP

State  
PA

Zip Code  
18444

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2016

Transaction ID : SA11AI.131768

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. EGNER, RITA, , ,**

Mailing Address 4355 LITTLE LEAGUE RD

City  
MADISON TOWNSHIP

State  
PA

Zip Code  
18444

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.131767

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ELMES, MARJORIE, L, ,**

Mailing Address 3939 WALNUT AVE UNIT 200

City  
CARMICHAEL

State  
CA

Zip Code  
95608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.133792

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ENDRES, ELIZABETH, L, ,**

Mailing Address 1013 SWEENEY ST

City  
MT PLEASANT

State  
MI

Zip Code  
48858

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.132556

Amount of Each Receipt this Period

53.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

233.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ERICE, MICHAEL, A, MR,**

Mailing Address 2756 HYSON LN

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEW YORK LIFE

Occupation (for Individual)  
AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.131865

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ERICKSON, LELAND, , ,**

Mailing Address 21658 120TH AVE

City  
LAKE PARK

State  
MN

Zip Code  
56554

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.132743

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ESPINOSA-VOLA, DOLORES, , MRS,**

Mailing Address 2920 FLORIDA BLVD APT 113

City  
DELRAY BEACH

State  
FL

Zip Code  
33483

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.132180

Amount of Each Receipt this Period

45.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 146  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. EVANS, EVAN, WILSON, ,**

Mailing Address 631A CESSNA AVE

City  
FRIDAY HARBORState  
WAZip Code  
98250FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

Transaction ID : SA11AI.133937

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. EVANS, EVAN, WILSON, ,**

Mailing Address 631A CESSNA AVE

City  
FRIDAY HARBORState  
WAZip Code  
98250FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2016

Transaction ID : SA11AI.133938

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. EVANS, HAROLD, L, LT COL,**

Mailing Address 3013 BEETHOVEN WAY

City  
SILVER SPRINGState  
MDZip Code  
20904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OFFICEROccupation (for Individual)  
OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

Transaction ID : SA11AI.131835

Amount of Each Receipt this Period

35.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. EVANS, HAROLD, L, LT COL,**

Mailing Address 3013 BEETHOVEN WAY

City  
SILVER SPRING

State  
MD

Zip Code  
20904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OFFICER

Occupation (for Individual)  
OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.131834

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FEIGENBAUM, ROBERT, A, ,**

Mailing Address 339 AVALON DR

City  
SOUTH SAN FRANCISCO

State  
CA

Zip Code  
94080

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.133709

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FERRIS, C, S, MR,**

Mailing Address 11427 W 59TH AVE

City  
ARVADA

State  
CO

Zip Code  
80004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133274

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FILIPPONE, LINDA, S, MS,**

Mailing Address 4202 68TH ST

City  
LUBBOCK

State  
TX

Zip Code  
79413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.133264

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FISCHER, HELEN, , MS,**

Mailing Address 4114 TWILIGHT AVE

City  
ENID

State  
OK

Zip Code  
73703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133063

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FISCHER, HELEN, , MS,**

Mailing Address 4114 TWILIGHT AVE

City  
ENID

State  
OK

Zip Code  
73703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133064

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FISHER, J, I, ,**

Mailing Address 1120 CRESTVIEW DR

City  
SHOW LOW

State  
AZ

Zip Code  
85901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.133433

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FLOOD, ANNE, , ,**

Mailing Address 1400 WAVERLY RD APT A113

City  
GLADWYNE

State  
PA

Zip Code  
19035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.131789

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FORRESTAL, KATHLEEN, , MRS,**

Mailing Address 2505 E BRADFORD AVE APT 3304

City  
MILWAUKEE

State  
WI

Zip Code  
53211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.132642

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREETLY, JOHN, , MR,

Mailing Address 642 CLAREMONT RD

City  
BILLINGS

State  
MT

Zip Code  
59105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.132780

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GANN, NELLIE, R, ,

Mailing Address 1059 E MADISON ST

City  
HOUSTON

State  
MS

Zip Code  
38851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.132333

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARDNER, BETTY, , MRS,

Mailing Address 1572 GOODIN HOLLOW RD

City  
NOEL

State  
MO

Zip Code  
64854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3146.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.132929

Amount of Each Receipt this Period

458.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

808.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GARRISON, FRANCIS, H, MR,**

Mailing Address PO BOX 142

City  
BRUNING

State  
NE

Zip Code  
68322

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA11Al.132983**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GASSMAN, BARBARA, E, MRS,**

Mailing Address 3025 N MAIN ST

City  
FINDLAY

State  
OH

Zip Code  
45840

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : SA11Al.132447**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GASSMAN, BARBARA, E, MRS,**

Mailing Address 3025 N MAIN ST

City  
FINDLAY

State  
OH

Zip Code  
45840

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2016

**Transaction ID : SA11Al.132448**

Amount of Each Receipt this Period

80.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GEARHART, MARILYN, , ,**

Mailing Address PO BOX 427

City  
WATERVILLE

State  
WA

Zip Code  
98858

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.133987

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GEARHART, MARILYN, , ,**

Mailing Address PO BOX 427

City  
WATERVILLE

State  
WA

Zip Code  
98858

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.133988

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GEISLER, JEAN, , MRS,**

Mailing Address 2300 INDIAN CREEK BLVD W APT C109

City  
VERO BEACH

State  
FL

Zip Code  
32966

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.132154

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GERBER, BETTY, , ,**

Mailing Address 4203 HAMBLEDON VILLAGE DR

 City  
 HOUSTON

 State  
 TX

 Zip Code  
 77014

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016

Transaction ID : SA11AI.133173

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GERINGER, BEN, , MR,**

Mailing Address 1449 ARLINGTON DR

 City  
 LODI

 State  
 CA

 Zip Code  
 95242

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 INFORMATION REQUESTED

 Occupation (for Individual)  
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016

Transaction ID : SA11AI.133773

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GILES, G, G, LT COL,**

Mailing Address 1201 FM 2271

 City  
 BELTON

 State  
 TX

 Zip Code  
 76513

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016

Transaction ID : SA11AI.133157

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GILES, G, G, LT COL,**

Mailing Address 1201 FM 2271

City  
BELTON

State  
TX

Zip Code  
76513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.133158

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GILES, G, G, LT COL,**

Mailing Address 1201 FM 2271

City  
BELTON

State  
TX

Zip Code  
76513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.133159

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GILKERSON, GROVETTA, , ,**

Mailing Address 910 E ARNOLD ST APT 19

City  
SANDWICH

State  
IL

Zip Code  
60548

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.132840

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODMAN, PAUL, P, MR,

Mailing Address 99 S SERVICE RD APT 402

City

NEW HYDE PARK

State

NY

Zip Code

11040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016

Transaction ID : SA11Al.131610

Amount of Each Receipt this Period

57.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODRIDGE, K, JOSEPHINE, MRS,

Mailing Address 2049 INTERLACHEN DR

City

BILLINGS

State

MT

Zip Code

59105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016

Transaction ID : SA11Al.132781

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GORDON, MARIA, , MS,

Mailing Address 805 MOUNT AUBURN ST APT 44

City

WATERTOWN

State

MA

Zip Code

02472

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016

Transaction ID : SA11Al.131473

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

167.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GORDON, MARIA, , MS,**

Mailing Address 805 MOUNT AUBURN ST APT 44

 City  
 WATERTOWN

 State  
 MA

 Zip Code  
 02472

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2016

Transaction ID : SA11AI.131472

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GRANT, LINDA, , MS,**

Mailing Address 63 W BIRCHVIEW DR

 City  
 SANFORD

 State  
 MI

 Zip Code  
 48657

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 INFORMATION REQUESTED

 Occupation (for Individual)  
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2016

Transaction ID : SA11AI.132552

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GREEN, WILLODEAN, , MRS,**

Mailing Address 190 HOL MAR TRL

 City  
 MCDONOUGH

 State  
 GA

 Zip Code  
 30253

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 INFORMATION REQUESTED

 Occupation (for Individual)  
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016

Transaction ID : SA11AI.132068

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

175.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GREEN, WILLODEAN, , MRS,**

Mailing Address 190 HOL MAR TRL

City  
MCDONOUGH

State  
GA

Zip Code  
30253

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.132069

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GREER, RICHARD, R, MR,**

Mailing Address 4419 BRYCE DR

City  
ANACORTES

State  
WA

Zip Code  
98221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.133934

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GROTH, ELAYNE, D, ,**

Mailing Address 9989 N LANGDON RD

City  
CITRUS SPRINGS

State  
FL

Zip Code  
34434

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.132237

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HAMMON, JAMES, C, ,**

Mailing Address 33 PAULMAR DR

City  
CHATTANOOGA

State  
TN

Zip Code  
37415

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.132305

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HANSEN, DORIS, D, ,**

Mailing Address 6581 CHETWOOD WAY

City  
SACRAMENTO

State  
CA

Zip Code  
95831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.133828

Amount of Each Receipt this Period

57.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HANSEN, DORIS, D, ,**

Mailing Address 6581 CHETWOOD WAY

City  
SACRAMENTO

State  
CA

Zip Code  
95831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : SA11AI.133829

Amount of Each Receipt this Period

86.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

643.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HARE, RICHARD, K, MR,**

Mailing Address PO BOX 558

 City  
 FILLMORE

 State  
 UT

 Zip Code  
 84631

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016

Transaction ID : SA11AI.133378

Amount of Each Receipt this Period

113.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HARPER, ELIZABETH, R, MISS,**

Mailing Address 55 SHERWIN HILL RD

 City  
 RINDGE

 State  
 NH

 Zip Code  
 03461

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016

Transaction ID : SA11AI.131482

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HARPER, ELIZABETH, R, MISS,**

Mailing Address 55 SHERWIN HILL RD

 City  
 RINDGE

 State  
 NH

 Zip Code  
 03461

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

316.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016

Transaction ID : SA11AI.131483

Amount of Each Receipt this Period

70.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

236.00

**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 146

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HARRIS, BOBBYE, , MS,**

Mailing Address 135 WINDSOR DR

City  
CALHOUNState  
GAZip Code  
30701FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : SA11AI.132084

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HASKINS, ELIZABETH, R, MRS,**

Mailing Address 150 FOREST HILL VW

City  
LEXINGTONState  
VAZip Code  
24450FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : SA11AI.131937

Amount of Each Receipt this Period

38.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HASSE, GLENN, , ,**Mailing Address 81 SEAGATE DR  
APT 1503City  
NAPLESState  
FLZip Code  
34103FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

Transaction ID : SA11AI.132212

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1538.00

TOTAL This Period (last page this line number only)..... ►

<b>X</b>	11a		11b		11c		12		
	13		14		15		16		17

## SPECIAL OPERATIONS FOR AMERICA

FEC Schedule A (Form 3X) Rev. 06/2016

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HEWITT, LORETTA, , MRS,**

Mailing Address 757 FORT EBEL RD

City  
COUPEVILLE

State  
WA

Zip Code  
98239

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.133935

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HICHBORN, HAL, D, MR,**

Mailing Address 1545 MATHEWS AVE

City  
MANHATTAN BEACH

State  
CA

Zip Code  
90266

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133497

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HIGGINS, MARIAN, S, MISS,**

Mailing Address 630 WILLOW VALLEY SQ

City  
LANCASTER

State  
PA

Zip Code  
17602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.131760

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HIGGINS, MARIAN, S, MISS,**

Mailing Address 630 WILLOW VALLEY SQ

City  
LANCASTER

State  
PA

Zip Code  
17602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : SA11Al.131759

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HIGGINS, MARIAN, S, MISS,**

Mailing Address 630 WILLOW VALLEY SQ

City  
LANCASTER

State  
PA

Zip Code  
17602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2016

Transaction ID : SA11Al.131758

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HILL, RITA, , ,**

Mailing Address 36853 RIDGE RD APT 527

City  
WILLOUGHBY

State  
OH

Zip Code  
44094

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2016

Transaction ID : SA11Al.132400

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HILL, RITA, , ,**

Mailing Address 36853 RIDGE RD APT 527

City  
WILLOUGHBY

State  
OH

Zip Code  
44094

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.132401

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HILLAND, NANCY, K, ,**

Mailing Address 914 PIEDRA VISTA RD NE

City  
ALBUQUERQUE

State  
NM

Zip Code  
87123

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.133456

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HILLAND, NANCY, K, ,**

Mailing Address 914 PIEDRA VISTA RD NE

City  
ALBUQUERQUE

State  
NM

Zip Code  
87123

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133457

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

630.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 50 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HILLMAN, TATNALL, LEA, , SC USNR**

Mailing Address 504 W BLEEKER ST

City  
ASPEN

State  
CO

Zip Code  
81611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

**Transaction ID : SA11AI.133326**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HILLMAN, TATNALL, LEA, , SC USNR**

Mailing Address 504 W BLEEKER ST

City  
ASPEN

State  
CO

Zip Code  
81611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA11AI.133325**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HORISZNY, JOHN, , ,**

Mailing Address 1058 ARDEN LN

City  
BIRMINGHAM

State  
MI

Zip Code  
48009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

**Transaction ID : SA11AI.132503**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HOWARD, PATRICIA, A, MRS,**

Mailing Address 1855 EARLY DR

City  
FELTON

State  
CA

Zip Code  
95018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133757

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HOYT, JAMES, K, ,**

Mailing Address 48 MALLARD CV

City  
COVINGTON

State  
TN

Zip Code  
38019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.132315

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JACOBSEN, BRUCE, C, MR,**

Mailing Address 1019 WALLOON CT

City  
LAKE ORION

State  
MI

Zip Code  
48360

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.132534

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JAKUTIS, MARY, J, MRS,**

Mailing Address 2352 MIRAMONTE CIR W UNIT D

City  
PALM SPRINGS

State  
CA

Zip Code  
92264

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.133606

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JAKUTIS, MARY, J, MRS,**

Mailing Address 2352 MIRAMONTE CIR W UNIT D

City  
PALM SPRINGS

State  
CA

Zip Code  
92264

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2016

Transaction ID : SA11AI.133607

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JAMES, IRIS, F, MS,**

Mailing Address 209 BELLE LN

City  
SAPULPA

State  
OK

Zip Code  
74066

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WALMART

Occupation (for Individual)  
EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.133076

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

355.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 53 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JENKINS, MAUDIE, , MS,**

Mailing Address 17705 RED OAK DR # 9

City  
HOUSTON

State  
TX

Zip Code  
77090

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133189

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JOHNSON, KENNETH, , ,**

Mailing Address 2165 STOPPER DR

City  
MONTGOMERY

State  
PA

Zip Code  
17754

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.131763

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JOHNSON, KENNETH, , ,**

Mailing Address 2165 STOPPER DR

City  
MONTGOMERY

State  
PA

Zip Code  
17754

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2016

Transaction ID : SA11AI.131762

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

735.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JOHNSON, RAYMOND, O, MR,**

Mailing Address 495 S TAAFFE ST

City  
SUNNYVALE

State  
CA

Zip Code  
94086

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.133710

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JONES, JOHN, , ,**

Mailing Address 120 MORNING GLORY LN

City  
WHITING

State  
NJ

Zip Code  
08759

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.131585

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KALCHIK, ELMER, R, ,**

Mailing Address 5401 N JELINEK RD

City  
NORTHPORT

State  
MI

Zip Code  
49670

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.132578

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KALTER, EPPIE, , MS,**

Mailing Address 2013 LARK AVE

City  
MCALLEN

State  
TX

Zip Code  
78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2016

Transaction ID : SA11AI.133236

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KEEPEL, ROBERT, E, ,**

Mailing Address 5045 PARK TER

City  
MINNEAPOLIS

State  
MN

Zip Code  
55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.132724

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KELLY, VICTOR, , ,**

Mailing Address 14218 SYCAMORE DR

City  
DINWIDDIE

State  
VA

Zip Code  
23841

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEFENSE LOGISTICS AGENCY

Occupation (for Individual)  
ITEM MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.131924

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

113.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KELLY, VICTOR, , ,**

Mailing Address 14218 SYCAMORE DR

City  
DINWIDDIE

State  
VA

Zip Code  
23841

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEFENSE LOGISTICS AGENCY

Occupation (for Individual)  
ITEM MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.131922

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KELLY, VICTOR, , ,**

Mailing Address 14218 SYCAMORE DR

City  
DINWIDDIE

State  
VA

Zip Code  
23841

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEFENSE LOGISTICS AGENCY

Occupation (for Individual)  
ITEM MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.131923

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KENOWSKY, PATRICIA, A, ,**

Mailing Address 84821 INDIAN TRL

City  
TWENTYNIN PLM

State  
CA

Zip Code  
92277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.133616

Amount of Each Receipt this Period

135.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KENT, JOHN, , MR,**

Mailing Address 1861 CROWNSVILLE RD

City  
ANNAPOLIS

State  
MD

Zip Code  
21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2016

Transaction ID : SA11AI.131853

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KIRKENDALL, JOAN, , ,**

Mailing Address 4177 PARTRIDGE DR

City  
SAN JOSE

State  
CA

Zip Code  
95121

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.133764

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KITTREDGE, ROBERT, , MR,**

Mailing Address 622 N DARTMOUTH RD

City  
SPOKANE VALLEY

State  
WA

Zip Code  
99206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.133995

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

310.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KLENSKE, TERRY, , ,**

Mailing Address 31449 3RD AVE

City  
REDLANDS

State  
CA

Zip Code  
92374

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.133621

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KLENSKE, TERRY, , ,**

Mailing Address 31449 3RD AVE

City  
REDLANDS

State  
CA

Zip Code  
92374

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133622

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KNOWLTON, HATTIE, , MRS,**

Mailing Address 8707 VALLEY RANCH PKWY W

City  
IRVING

State  
TX

Zip Code  
75063

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.133108

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KOCSIS, LOUIS, P, MR,**

Mailing Address 42 BLANCHARD RD

City  
EASTON

State  
CT

Zip Code  
06612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

**Transaction ID : SA11Al.131518**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KUBIN, DANIEL, D, MR,**

Mailing Address 1701 BLOUNT ST

City  
HOUSTON

State  
TX

Zip Code  
77008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2016

**Transaction ID : SA11Al.133172**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LANNERT, ROBERT, , MR,**

Mailing Address 1418 BURR OAK CT

City  
HINSDALE

State  
IL

Zip Code  
60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

**Transaction ID : SA11Al.132837**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LANNERT, ROBERT, , MR,**

Mailing Address 1418 BURR OAK CT

City  
HINSDALE

State  
IL

Zip Code  
60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.132838

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEUNG, MARY, , MS,**

Mailing Address 857 W NORTH BEND RD APT 303

City  
CINCINNATI

State  
OH

Zip Code  
45224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.132432

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEVNO, SELMA, M, ,**

Mailing Address 305 7TH AVE SW

City  
SIDNEY

State  
MT

Zip Code  
59270

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.132783

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEVNO, SELMA, M, ,**

Mailing Address 305 7TH AVE SW

City  
SIDNEY

State  
MT

Zip Code  
59270

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11Al.132784

Amount of Each Receipt this Period

57.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEWIS, ELMER, , MR,**

Mailing Address 102 FRANCES DR

City  
YORKTOWN

State  
VA

Zip Code  
23692

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11Al.131920

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEWIS, ELMER, , MR,**

Mailing Address 102 FRANCES DR

City  
YORKTOWN

State  
VA

Zip Code  
23692

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11Al.131921

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

482.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEWIS, ELMER, , MR,**

Mailing Address 102 FRANCES DR

City  
YORKTOWN

State  
VA

Zip Code  
23692

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2016

Transaction ID : SA11Al.131919

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEWIS, PATRICK, , ,**

Mailing Address 301 OLD WHITE HORSE PIKE

City  
WATERFORD WORKS

State  
NJ

Zip Code  
08089

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2016

Transaction ID : SA11Al.131565

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LINDEMANN, KENNETH, W, MR,**

Mailing Address 1660 HOFFMAN RD APT 335

City  
GREEN BAY

State  
WI

Zip Code  
54311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2016

Transaction ID : SA11Al.132674

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LINDSTROM, WESLEY, , MR,**

Mailing Address 2743 171ST ST

City  
CURRIE

State  
MN

Zip Code  
56123

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.132734

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LIVELY, LAURA, E, MRS,**

Mailing Address 809 SOLARI CT

City

EL DORADO HILLS

State  
CA

Zip Code  
95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133814

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LOCKE, LOUISE, G, MRS,**

Mailing Address 500 MOTT DR APT 218C

City

RAYMORE

State  
MO

Zip Code  
64083

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

896.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.132912

Amount of Each Receipt this Period

170.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LOONEY, G, A, ,**

Mailing Address 1041 LEE ROAD 395

City  
AUBURN

State  
AL

Zip Code  
36830

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11Al.132291

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LUCCA, HARRIETT, P, MRS,**

Mailing Address 1616 PENNSYLVANIA AVE UNIT 273

City  
VINELAND

State  
NJ

Zip Code  
08361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11Al.131573

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LUCK, ROBERT, , ,**

Mailing Address 210 GLEASON RD

City  
DOLGEVILLE

State  
NY

Zip Code  
13329

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1115.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11Al.131679

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MAC ISAAC, STEVE, , COL,**

Mailing Address 6449 COVENTRY HILLS DR NE

City  
RIO RANCHO

State  
NM

Zip Code  
87144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
US MILITARY

Occupation (for Individual)  
OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2016

Transaction ID : SA11AI.133458

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MANCUSO, MARY, , ,**

Mailing Address 5708 160TH ST

City  
FLUSHING

State  
NY

Zip Code  
11365

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2016

Transaction ID : SA11AI.131614

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MANCUSO, MARY, , ,**

Mailing Address 5708 160TH ST

City  
FLUSHING

State  
NY

Zip Code  
11365

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2016

Transaction ID : SA11AI.131615

Amount of Each Receipt this Period

80.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MARL, TIMOTHY, A, MR,**

Mailing Address 5202 BEVERLY LN

City  
EVERETT

State  
WA

Zip Code  
98203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133932

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MASSEY, WILLIAM, , MR,**

Mailing Address PO BOX 514

City  
CANYON CREEK

State  
MT

Zip Code  
59633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.132787

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MAUCH, ILSE, E, MS,**

Mailing Address 334 NE 57TH ST

City  
SEATTLE

State  
WA

Zip Code  
98105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.133924

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCBRIDE, RUBY, C, ,**

Mailing Address 4725 MILE 6 RD

City  
MCALLEN

State  
TX

Zip Code  
78504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2016

Transaction ID : SA11AI.133235

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCCALL, JAMES, B, MR,**

Mailing Address 3219 S TORREY PINES DR

City  
LAS VEGAS

State  
NV

Zip Code  
89146

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HSBC

Occupation (for Individual)  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2016

Transaction ID : SA11AI.133473

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCCREA, MELBOURNE, K, MR,**

Mailing Address 47148 145TH ST

City  
TWIN BROOKS

State  
SD

Zip Code  
57269

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ADMINISTRATIVE SUPPORT SERVICE

Occupation (for Individual)  
MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2016

Transaction ID : SA11AI.132757

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCDONALD, BARBARA, , ,**

Mailing Address 1809 HAWTHORN DRIVE

City  
RICHMOND

State  
TX

Zip Code  
77469

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : SA11AI.133198

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCGHEE, CHARLOTTE, , MRS,**

Mailing Address 3651 N KAREN CT

City  
DECATUR

State  
IL

Zip Code  
62526

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.132880

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCLEOD, CARLTON, , DR,**

Mailing Address 670 W PEARSON ST

City  
HERNANDO

State  
FL

Zip Code  
34442

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.132240

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCMILLAN, JAMES, , MRS,**

Mailing Address 15 CRYSTAL CANYON PL

City  
SPRING

State  
TX

Zip Code  
77389

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : SA11AI.133195**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MEAKEM, CAROLYN, , MS,**

Mailing Address 10215 GAINSBOROUGH RD

City  
POTOMAC

State  
MD

Zip Code  
20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE HEAKEM GROUP

Occupation (for Individual)  
CERTIFIED FINANCIAL PLANNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

**Transaction ID : SA11AI.131831**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MERRICK, SANDRA, K, MS,**

Mailing Address PO BOX 311

City  
PINEY POINT

State  
MD

Zip Code  
20674

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : SA11AI.131828**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MERRICK, SANDRA, K, MS,**

Mailing Address PO BOX 311

City  
PINEY POINT

State  
MD

Zip Code  
20674

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11Al.131827

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MILLER, JOAN, , ,**

Mailing Address 1007 MEADOWLARK LN

City  
CHIPLEY

State  
FL

Zip Code  
32428

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11Al.132114

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MILLER, SALLY, , ,**

Mailing Address 13744 WINDY PRAIRIE DR

City  
HUNTLEY

State  
IL

Zip Code  
60142

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11Al.132815

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MILLER, SALLY, , ,**

Mailing Address 13744 WINDY PRAIRIE DR

City  
HUNTLEY

State  
IL

Zip Code  
60142

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11Al.132816

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MILLS, LANCE, , ,**

Mailing Address PO BOX 303

City

CARNELIAN BAY

State

CA

Zip Code

96140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11Al.133856

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MOCZYGEMBA, ELAINE, , ,**

Mailing Address 452 K D M LN

City

HOBSON

State

TX

Zip Code

78117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11Al.133221

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

303.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 146

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MONTGOMERY, BEBE, JEAN, MRS,**

Mailing Address 12410 W CORONET DR

City  
SUN CITY WESTState  
AZZip Code  
85375FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

**Transaction ID : SA11AI.133413**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MOORE, JACQUELYN, A, ,**

Mailing Address 757 E JONQUIL CT

City  
BELOITState  
WIZip Code  
53511FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA11AI.132651**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MOORE, MARTY, , ,**

Mailing Address 4019 HICOCK ST

City  
SAN DIEGOState  
CAZip Code  
92110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

**Transaction ID : SA11AI.133581**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

265.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MOORE, MARTY, , ,**

Mailing Address 4019 HICOCK ST

City  
SAN DIEGOState  
CAZip Code  
92110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

Transaction ID : SA11AI.133582

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MOSES, WILLIAM, , MR,**

Mailing Address 5421 KENT AVE

City  
GROVESState  
TXZip Code  
77619FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.133208

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MUEHL, THOMAS, , MR,**

Mailing Address S63W34297 PIPER RD

City  
NORTH PRAIRIEState  
WIZip Code  
53153FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WAUKESHA WHOLESALE FOODSOccupation (for Individual)  
SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : SA11AI.132633

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

310.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MULLOY, MARY, , MISS,**

Mailing Address 500 ROSE AVE

City  
LONG BEACH

State  
CA

Zip Code  
90802

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016

Transaction ID : SA11AI.133512

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MURDOCH, G ROBERT, , MR,**

Mailing Address 1957 S LAURELHURST DR

City  
SALT LAKE CITY

State  
UT

Zip Code  
84108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016

Transaction ID : SA11AI.133369

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MURDOCK, MARY, ANN, ,**

Mailing Address 210 SKYLINE DR

City  
ELKHORN

State  
NE

Zip Code  
68022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2016

Transaction ID : SA11AI.132977

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MURPHY, CLAIR, J, MRS,**

Mailing Address 1626 RUTH ST N

City  
SAINT PAUL

State  
MN

Zip Code  
55119

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.132701

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MURRAY, MARY, , MISS,**

Mailing Address 98 MYERS AVE

City  
HICKSVILLE

State  
NY

Zip Code  
11801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

883.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.131652

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MURRAY, MARY, , MISS,**

Mailing Address 98 MYERS AVE

City  
HICKSVILLE

State  
NY

Zip Code  
11801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

963.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : SA11AI.131653

Amount of Each Receipt this Period

80.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MURRAY, MARY, , MISS,**

Mailing Address 98 MYERS AVE

City  
HICKSVILLE

State  
NY

Zip Code  
11801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1043.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.131651

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NAVES, GEORGE, , MR,**

Mailing Address 103 W KELLER ST

City  
MECHANICSBURG

State  
PA

Zip Code  
17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2016

Transaction ID : SA11AI.131738

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NELSON, DONALD, H, ,**

Mailing Address PO BOX 401458

City  
HESPERIA

State  
CA

Zip Code  
92340

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.133618

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

283.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NELSON, DONALD, H, ,**

Mailing Address PO BOX 401458

 City  
 HESPERIA

 State  
 CA

 Zip Code  
 92340

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016

Transaction ID : SA11AI.133619

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NEVES, PETER, E, MR,**

Mailing Address 23820 GYLE RD

 City  
 GERBER

 State  
 CA

 Zip Code  
 96035

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2016

Transaction ID : SA11AI.133851

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NEWELL, SHIRLEY, B, MRS,**

Mailing Address 5801 SUN LAKES BLVD # 201

 City  
 BANNING

 State  
 CA

 Zip Code  
 92220

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016

Transaction ID : SA11AI.133595

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

375.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NEWELL, SHIRLEY, B, MRS,**

Mailing Address 5801 SUN LAKES BLVD # 201

City  
BANNING

State  
CA

Zip Code  
92220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : SA11AI.133596

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NEWTON, GEORGE, D, MR, JR**

Mailing Address 1351 SUSANNA WESLEY DR UNIT 111

City  
WINSTON SALEM

State  
NC

Zip Code  
27104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.131962

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NILSEN, LAURANCE, B, MR,**

Mailing Address 7140 E BRONCO DR

City  
PARADISE VALLEY

State  
AZ

Zip Code  
85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.133402

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. O'BRYAN, SHIRLEY, , MS,**

Mailing Address 22721 320TH ST

City  
BAGLEY

State  
MN

Zip Code  
56621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.132745

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. O'BRYAN, SHIRLEY, , MS,**

Mailing Address 22721 320TH ST

City  
BAGLEY

State  
MN

Zip Code  
56621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1085.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.132746

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. O'GRADY, THOMAS, , ,**

Mailing Address 145 POQUITO RD

City  
SHALIMAR

State  
FL

Zip Code  
32579

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.132127

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

215.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. O'QUINN, APRIL, G., MD**

Mailing Address PO BOX 16838

City

HATTIESBURG

State

MS

Zip Code

39404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2016

Transaction ID : SA11Al.132340

Amount of Each Receipt this Period

35.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OLSEN, CAMILLA, A, MS,**

Mailing Address 7417 AMY AVE

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PROVIDENCE COLLEGE

Occupation (for Individual)

COLLEGE PROFESSOR

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016

Transaction ID : SA11Al.133799

Amount of Each Receipt this Period

20.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OLZINSKI, MILDRED, H.,**

Mailing Address 1687 ASHMOOR DR W

City

MOBILE

State

AL

Zip Code

36695

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

INFORMATION REQUESTED

Receipt For:

☐  
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2016

Transaction ID : SA11Al.132289

Amount of Each Receipt this Period

50.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **ORR, NATHAN, J, ,**

Mailing Address 2207 E GREENHURST RD

City  
NAMPA

State  
ID

Zip Code  
83686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.133351

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **PAISLEY, JAMES, , MR,**

Mailing Address 10200 E HARVARD AVE APT 257

City  
DENVER

State  
CO

Zip Code  
80231

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.133298

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **PARTAIN, MARY, E, MS,**

Mailing Address 1080 OLD HIGHWAY 51 RD

City  
PICKENS

State  
MS

Zip Code  
39146

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.132337

Amount of Each Receipt this Period

101.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

271.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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FOR LINE NUMBER: PAGE 82 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **PATTIE, EMMA, S, ,**

Mailing Address 2404 RAYMOND PL

 City  
 HAYMARKET

 State  
 VA

 Zip Code  
 20169

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2016

Transaction ID : SA11AI.131821

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **PATTIE, EMMA, S, ,**

Mailing Address 2404 RAYMOND PL

 City  
 HAYMARKET

 State  
 VA

 Zip Code  
 20169

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016

Transaction ID : SA11AI.131822

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **PAUSKY, DARRELL, GLENN, ,**

Mailing Address 164 STONE CREEK RANCH RD

 City  
 MC GREGOR

 State  
 TX

 Zip Code  
 76657

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016

Transaction ID : SA11AI.133165

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 146

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PEDERSON, WILLIAM, , ,**

Mailing Address 374 LOCHWOOD DR

City  
CAMANO ISLANDState  
WAZip Code  
98282FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : SA11AI.133943

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PEKRUN, KENNETH, W, MR,**

Mailing Address 112 BRADFORD LN

City  
MANTEOState  
NCZip Code  
27954FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2016

Transaction ID : SA11AI.131984

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PEKRUN, KENNETH, W, MR,**

Mailing Address 112 BRADFORD LN

City  
MANTEOState  
NCZip Code  
27954FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : SA11AI.131985

Amount of Each Receipt this Period

53.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

123.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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FOR LINE NUMBER: PAGE 84 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PEKRUN, KENNETH, W, MR,**

Mailing Address 112 BRADFORD LN

 City  
 MANTEO

 State  
 NC

 Zip Code  
 27954

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2016

Transaction ID : SA11AI.131983

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PERCY, CATHERINE, G, MRS,**

Mailing Address 636 ATTERDAG RD

 City  
 SOLVANG

 State  
 CA

 Zip Code  
 93463

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2016

Transaction ID : SA11AI.133681

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PEREZ, SEFERINO, , ,**

Mailing Address 25672 HILLMAN CT

 City  
 SUN CITY

 State  
 CA

 Zip Code  
 92586

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 INFORMATION REQUESTED

 Occupation (for Individual)  
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

358.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016

Transaction ID : SA11AI.133639

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

385.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 85 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PETRI, LORETTA, , ,**

Mailing Address 59071 ELIZABETH LN

City  
SAINT HELENS

State  
OR

Zip Code  
97051

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.133867

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PITZER, ROBERT, , ,**

Mailing Address 1000 PARKVIEW DR APT 511

City  
HALLANDALE BEACH

State  
FL

Zip Code  
33009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.132156

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. POWER, JOHN, C, ,**

Mailing Address 10895 BETHESDA CHURCH RD

City  
DAMASCUS

State  
MD

Zip Code  
20872

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.131832

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PRETZ, JEANIE, , MRS,**

Mailing Address 100 N COLLEGE ROW APT 140

City  
BREVARD

State  
NC

Zip Code  
28712

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.132020

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PRICE, JOHN, , MR,**

Mailing Address 715 QUINCE ST UNIT 2212

City  
OMAK

State  
WA

Zip Code  
98841

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133983

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PROUTY, BARBARA, J, MRS,**

Mailing Address 10406 MIRA VISTA RD

City  
CUPERTINO

State  
CA

Zip Code  
95014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.133756

Amount of Each Receipt this Period

80.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RAINES, BOBBY, , MR,**

Mailing Address 154 SAINT ANDREWS DR

City  
JACKSON

State  
MS

Zip Code  
39211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.132338

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RAINS, CLAIRE, , MS,**

Mailing Address 420 41ST AVE

City  
SAN FRANCISCO

State  
CA

Zip Code  
94121

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.133713

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RAY, NORA, M, MRS,**

Mailing Address 38338 STATE ROAD 575

City  
DADE CITY

State  
FL

Zip Code  
33523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.132182

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. REPSOLD, CORINNE, A, MS,**

Mailing Address 674 SE 38TH DR

City  
GRESHAM

State  
OR

Zip Code  
97080

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.133873

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. REPSOLD, CORINNE, A, MS,**

Mailing Address 674 SE 38TH DR

City  
GRESHAM

State  
OR

Zip Code  
97080

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133872

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RICHARDS, GEORGE, G, MR, JR**

Mailing Address 1020 N UNION ST

City  
MIDDLETOWN

State  
PA

Zip Code  
17057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.131739

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RIES, MELVIN, A, ,

Mailing Address 3585 ROUND BARN BLVD APT 329

City  
SANTA ROSA

State  
CA

Zip Code  
95403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2016

Transaction ID : SA11AI.133784

Amount of Each Receipt this Period

87.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RIES, MELVIN, A, ,

Mailing Address 3585 ROUND BARN BLVD APT 329

City  
SANTA ROSA

State  
CA

Zip Code  
95403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016

Transaction ID : SA11AI.133783

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RITCH, PHILIP, E, MR,

Mailing Address 146 KALUAMOO ST

City  
KAILUA

State  
HI

Zip Code  
96734

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2016

Transaction ID : SA11AI.133858

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

237.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RITCH, PHILIP, E, MR,

Mailing Address 146 KALUAMOO ST

City  
KAILUA

State  
HI

Zip Code  
96734

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.133859

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBBINS, PHILIP, , ,

Mailing Address 1864 BLUEBONNET WAY

City

ORANGE PARK

State

FL

Zip Code

32003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.132099

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROCHA, HARRIET, , ,

Mailing Address 366 DOVER AVE

City

EAST PROVIDENCE

State

RI

Zip Code

02914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.131479

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

400.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ROCKWELL, CYNTHIA, , ,**

Mailing Address 1736 ROYAL COVE CT

City  
VIRGINIA BEACH

State  
VA

Zip Code  
23454

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

Transaction ID : SA11Al.131905

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ROLFE, KENNETH, L, ,**

Mailing Address 301 SE FOUNDATION DR

City  
DALLAS

State  
OR

Zip Code  
97338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11Al.133887

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ROLFE, KENNETH, L, ,**

Mailing Address 301 SE FOUNDATION DR

City  
DALLAS

State  
OR

Zip Code  
97338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11Al.133886

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1535.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ROSCHE, MARIE, , ,**

Mailing Address 1431 FOSTER DR

City  
RENO

State  
NV

Zip Code  
89509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1635.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133483

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ROSSING, DAVID, , MR,**

Mailing Address PO BOX 267

City  
ARGYLE

State  
WI

Zip Code  
53504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.132648

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RUFFIN, ROBERT, S, ,**

Mailing Address 6405 EMBARCADERO DR

City  
STOCKTON

State  
CA

Zip Code  
95219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.133770

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

260.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RUFFIN, ROBERT, S, ,**

Mailing Address 6405 EMBARCADERO DR

City  
STOCKTON

State  
CA

Zip Code  
95219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.133772

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RUFFIN, ROBERT, S, ,**

Mailing Address 6405 EMBARCADERO DR

City  
STOCKTON

State  
CA

Zip Code  
95219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.133771

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RUSSELL, FRANKLIN, T, MR,**

Mailing Address 5624 PARDY SMITH RD

City  
NEWARK

State  
NY

Zip Code  
14513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2016

Transaction ID : SA11AI.131692

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

470.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RUTLEDGE, NATALIE, , MS,**

Mailing Address 238 BREAKIRON HILL RD

City  
MORGANTOWN

State  
WV

Zip Code  
26508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11Al.131952

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RYAN, WILLIAM, A, MR,**

Mailing Address 2322 EASTWOOD AVE UNIT 108

City  
STREATOR

State  
IL

Zip Code  
61364

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11Al.132864

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHACTER, RITA, G, MS,**

Mailing Address 4882 EXETER ESTATE LN

City  
LAKE WORTH

State  
FL

Zip Code  
33449

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11Al.132175

Amount of Each Receipt this Period

105.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHIESS, CHRISTOPHER, , MR,**

Mailing Address 27846 GREEN OAKS DR

City  
EUGENE

State  
OR

Zip Code  
97402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.133891

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHIESS, CHRISTOPHER, , MR,**

Mailing Address 27846 GREEN OAKS DR

City  
EUGENE

State  
OR

Zip Code  
97402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.133892

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHLEICHER, HELEN, , MS,**

Mailing Address 430 N SPRUCE ST

City  
TRAVERSE CITY

State  
MI

Zip Code  
49684

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.132579

Amount of Each Receipt this Period

160.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHORR, MARY, R, ,**

Mailing Address 4991 COUNTRY CLUB DR

City  
HIGH RIDGE

State  
MO

Zip Code  
63049

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.132894

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHREINER, LILLIAN, , MRS,**

Mailing Address 899 ANDERSON TER

City  
DES PLAINES

State  
IL

Zip Code  
60016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.132798

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHUSTER, TED, D, ,**

Mailing Address 232 BUZZARD BLVD

City  
SANDPOINT

State  
ID

Zip Code  
83864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133355

Amount of Each Receipt this Period

200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCOTT, EVA, F, MRS,**

Mailing Address 15830 GOODES BRIDGE RD

City

AMELIA COURT HOUSE

State

VA

Zip Code

23002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2016

Transaction ID : SA11Al.131889

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SHARPE, BETTY, , MS,**

Mailing Address 40 NORTHWOOD SPRINGS DR

City

OXFORD

State

GA

Zip Code

30054

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2016

Transaction ID : SA11Al.132059

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SHAW, JOHN, , ,**

Mailing Address 142 W 720TH AVE

City

FORT SCOTT

State

KS

Zip Code

66701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2016

Transaction ID : SA11Al.132955

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SHEARIN, MURIEL, R TONI, MS,**

Mailing Address 1331 PARK AVE SW UNIT 902

City  
ALBUQUERQUE

State  
NM

Zip Code  
87102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.133447

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SMALL, ALBERT, , MR,**

Mailing Address 7116 GLENBROOK RD

City  
BETHESDA

State  
MD

Zip Code  
20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTHERN ENGINEERING CORP

Occupation (for Individual)  
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.131830

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SMITH, BETTY, M, MS,**

Mailing Address 1101 SMITHLAND BND

City  
ANDERSON

State  
SC

Zip Code  
29621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.132045

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SMITH, HELEN, , ,**

Mailing Address 480 DD RD UNIT 114

City  
COLUMBIA

State  
IL

Zip Code  
62236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.132877

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SMITH, JACK, , ,**

Mailing Address 177 BOUNDARY LN

City  
OTTERVILLE

State  
MO

Zip Code  
65348

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.132936

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SMITH, LARRY, , ,**

Mailing Address 6428 ROCKY LN

City  
PARADISE

State  
CA

Zip Code  
95969

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133842

Amount of Each Receipt this Period

180.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1780.00

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SMITH, THERESA, , MRS,**

Mailing Address 43 FALCON WAY

 City  
 HALES LCTN

 State  
 NH

 Zip Code  
 03860

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2016

Transaction ID : SA11Al.131488

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SMITH, WILLIAM, D, MR,**

Mailing Address 9091 KINGSLEY DR

 City  
 ONSTED

 State  
 MI

 Zip Code  
 49265

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016

Transaction ID : SA11Al.132570

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STADE, STELLA, , MS,**

Mailing Address 2679 ALBION AVE APT 302

 City  
 FAIRMONT

 State  
 MN

 Zip Code  
 56031

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2016

Transaction ID : SA11Al.132730

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STAPLETON, SAMUEL, L, COL & MRS,**

Mailing Address 1473 INDEPENDENCE AVE

City

MELBOURNE

State

FL

Zip Code

32940

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

INFORMATION REQUESTED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.132147

Amount of Each Receipt this Period

225.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STEED, JIM, , MR,**

Mailing Address 1375 HIGHWAY 30 W

City

ATHENS

State

TN

Zip Code

37303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED

Occupation (for Individual)

INFORMATION REQUESTED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.132304

Amount of Each Receipt this Period

25.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STEENBERGEN, JULIAN, , MR,**

Mailing Address 8402 ZIER RD

City

YAKIMA

State

WA

Zip Code

98908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133989

Amount of Each Receipt this Period

1000.00



Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STEINER, ROBERT, G, ,**

Mailing Address PO BOX 514

City  
CHULA VISTA

State  
CA

Zip Code  
91910

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.133560

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STEINER, ROBERT, G, ,**

Mailing Address 55 I ST

City  
CHULA VISTA

State  
CA

Zip Code  
91910

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133559

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STEPHENS, JAMES, E, MR,**

Mailing Address 750 W MARION AVE

City  
FORSYTH

State  
IL

Zip Code  
62535

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.132881

Amount of Each Receipt this Period

57.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

257.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STEVENS, DOROTHY, , MRS,**

Mailing Address 3510 REMCO ST

City  
CASTRO VALLEY

State  
CA

Zip Code  
94546

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.133733

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STRESSLER, CHARLES, J, MR,**

Mailing Address 1045 DELAWARE AVE

City  
ISLAND PARK

State  
NY

Zip Code  
11558

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 05 / 2016

Transaction ID : SA11AI.131625

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STUMBAUGH, DAVID, , MR,**

Mailing Address 110 SHADY SPRING DR

City  
HARVEST

State  
AL

Zip Code  
35749

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

502.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.132268

Amount of Each Receipt this Period

53.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

653.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STUMBAUGH, DAVID, , MR,**

Mailing Address 110 SHADY SPRING DR

City  
HARVEST

State  
AL

Zip Code  
35749

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11Al.132267

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SURGEON, DONALD, KEARN, MR,**

Mailing Address PO BOX 363

City

JERSEYVILLE

State

IL

Zip Code

62052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11Al.132875

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SZWABO, DONALD, J, ,**

Mailing Address 1654 SE HOLIDAY CREST CIR APT 205

City

WAUKEE

State

IA

Zip Code

50263

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HOMEMAKER

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11Al.132592

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

353.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TAHAN, HANDUMY, , MRS,**

Mailing Address 2325 NOTTINGHAM AVE

City  
LOS ANGELES

State  
CA

Zip Code  
90027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA11Al.133489**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TANNER, RAY, U, MR,**

Mailing Address 14 WHITSITT PARK

City  
JACKSON

State  
TN

Zip Code  
38301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : SA11Al.132321**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TAYLOR, GLEN, L, DR,**

Mailing Address 732 HILLCREST ST

City  
DENTON

State  
TX

Zip Code  
76201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

**Transaction ID : SA11Al.133154**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TAYLOR, GLEN, L, DR,**

Mailing Address 732 HILLCREST ST

City  
DENTON

State  
TX

Zip Code  
76201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA11AI.133153**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TEMPLIN, RON, , MR,**

Mailing Address 2812 W OAKDALE RD

City  
IRVING

State  
TX

Zip Code  
75060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : SA11AI.133107**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. THOMPSON, MARGARET, P, MRS,**

Mailing Address 913 PARK BLVD W

City  
EAST LIVERPOOL

State  
OH

Zip Code  
43920

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA11AI.132387**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. THORNBURG, PAUL, , MR,**

Mailing Address 1301 FULTON ST APT 145

City  
NEWBERG

State  
OR

Zip Code  
97132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11Al.133876

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TIBEAU, TERRY, , MR,**

Mailing Address 16 197TH AVENUE CT E

City  
LAKE TAPPS

State  
WA

Zip Code  
98391

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11Al.133960

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TIERNAN, HELEN, , MS,**

Mailing Address 15735 DAWN CRST

City  
SAN ANTONIO

State  
TX

Zip Code  
78248

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11Al.133230

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1235.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TIMMER, NANCY, LEE, ,**

Mailing Address 249 SUNDAY CIR

City

FREDERICKSBURG

State

TX

Zip Code

78624

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016

Transaction ID : SA11Al.133242

Amount of Each Receipt this Period

200.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TIPPERY, WALLACE, , MR,**

Mailing Address 120 WILLIAM FAULKNER DR

City

CENTRALIA

State

WA

Zip Code

98531

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016

Transaction ID : SA11Al.133971

Amount of Each Receipt this Period

400.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VEAZEY, WILLIAM, K, ,**

Mailing Address 2108 NW 61ST ST

City

OKLAHOMA CITY

State

OK

Zip Code

73112

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐  
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

201.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2016

Transaction ID : SA11Al.133054

Amount of Each Receipt this Period

25.00

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

625.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VON QUINTUS, HELEN, , MS,**

Mailing Address PO BOX 151685

City  
AUSTIN

State  
TX

Zip Code  
78715

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.133246

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VON QUINTUS, HELEN, , MS,**

Mailing Address PO BOX 151685

City  
AUSTIN

State  
TX

Zip Code  
78715

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.133245

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VONSTEEN, DALE, , ,**

Mailing Address 625 S ARBOR LN APT 343

City  
MERIDIAN

State  
ID

Zip Code  
83642

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2016

Transaction ID : SA11AI.133348

Amount of Each Receipt this Period

75.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WAGNER, GUS, A, , JR**

Mailing Address 623 CROOKED CREEK DAM RD

City  
FORD CITY

State  
PA

Zip Code  
16226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

Transaction ID : SA11AI.131725

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WAHRENBERGER, ELAINE, , MS,**

Mailing Address 6351 W LAKE RD APT 124

City  
ERIE

State  
PA

Zip Code  
16505

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

Transaction ID : SA11AI.131729

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WALKER, MARK, , ,**

Mailing Address 3845 AKIN LN

City  
BURLINGTON

State  
KY

Zip Code  
41005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.132360

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WALKER, MARK, , ,**

Mailing Address 3845 AKIN LN

City  
BURLINGTON

State  
KY

Zip Code  
41005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.132359

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WALLICK, NEALY, , ,**

Mailing Address 117 BISHOP ST

City  
COLCHESTER

State  
IL

Zip Code  
62326

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.132879

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WARD, DELILA, M, ,**

Mailing Address 2311 SCOVILLE RD

City  
GRANTS PASS

State  
OR

Zip Code  
97526

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2016

Transaction ID : SA11AI.133901

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WARD, DELILA, M, ,**

Mailing Address 2311 SCOVILLE RD

City  
GRANTS PASS

State  
OR

Zip Code  
97526

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

Transaction ID : SA11AI.133902

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WATERMAN, RICHARD, H, ,**

Mailing Address 7841 WELLPINIT ST

City  
FORD

State  
WA

Zip Code  
99013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 05 / 2016

Transaction ID : SA11AI.133992

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WATERMAN, RICHARD, H, ,**

Mailing Address 7841 WELLPINIT ST

City  
FORD

State  
WA

Zip Code  
99013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2016

Transaction ID : SA11AI.133991

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 113 OF 146  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WATKINS, ADRIENNE, P, MRS,**

Mailing Address 7 BROGDEN CT SE

 City  
 WINTER HAVEN

 State  
 FL

 Zip Code  
 33880

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : SA11AI.132204

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WEBSTER, PORTIA, L, MS,**

Mailing Address PO BOX 7

 City  
 AUGUSTA

 State  
 MI

 Zip Code  
 49012

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

Transaction ID : SA11AI.132560

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WELCH, MARILYN, , MRS,**

Mailing Address 17500 W SHAW AVE

 City  
 KERMAN

 State  
 CA

 Zip Code  
 93630

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 INFORMATION REQUESTED

 Occupation (for Individual)  
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

Transaction ID : SA11AI.133687

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

160.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WEST, ARVEN, C, MR,**

Mailing Address 80 RIDDLE MILL RD NE

City  
FAIRMOUNT

State  
GA

Zip Code  
30139

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.132064

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WHITAKER, ROSEMARY, K, ,**

Mailing Address 4800 FOLKER ST

City  
ANCHORAGE

State  
AK

Zip Code  
99507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.134002

Amount of Each Receipt this Period

108.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WHITCOMB, JAMES, W, MR,**

Mailing Address 620 S 198TH ST

City  
SEATTLE

State  
WA

Zip Code  
98148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ENGINEERING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2016

Transaction ID : SA11AI.133929

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

238.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WHITE, ROBERT, E, MRE,**

Mailing Address 5387 N 350 W

City  
THORNTOWN

State  
IN

Zip Code  
46071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2016

Transaction ID : SA11AI.132459

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WILSON, GERALDINE, , MRS,**

Mailing Address 7625 AVON BELDEN RD

City  
NORTH RIDGEVILLE

State  
OH

Zip Code  
44039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2016

Transaction ID : SA11AI.132395

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WILSON, KAREN, , ,**

Mailing Address PO BOX 8065

City  
SPRING CREEK

State  
NV

Zip Code  
89815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2016

Transaction ID : SA11AI.133487

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 116 OF 146

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WILSON, KAREN, , ,**

Mailing Address PO BOX 8065

City  
SPRING CREEK

State  
NV

Zip Code  
89815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA11AI.133486**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WONG, EDWARD, G, MR,**

Mailing Address 11186 PACEMONT LN

City  
SAN DIEGO

State  
CA

Zip Code  
92126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2016

**Transaction ID : SA11AI.133590**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WOODRIF, PIER, , MR,**

Mailing Address PO BOX 503

City  
SOMERSET

State  
VA

Zip Code  
22972

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2016

**Transaction ID : SA11AI.131887**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 146

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YOUNG, DOROTHY, , MS,

Mailing Address 4328 N HALL ST

City  
DALLAS

State  
TX

Zip Code  
75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2016

Transaction ID : SA11AI.133121

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YOUNG, DOROTHY, , MS,

Mailing Address 4328 N HALL ST

City  
DALLAS

State  
TX

Zip Code  
75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2016

Transaction ID : SA11AI.133120

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

60699.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 146

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ACCULINK**

Mailing Address 1055 GREENVILLE BLVD SW

City  
GREENVILLEState  
NCZip Code  
27833-0080Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

FEC Identification Number

**C****Transaction ID : SB21B.13142**

Amount of Each Disbursement this Period

525.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL CAGING CORPORATION**Mailing Address 504 SHAW ROAD  
SUITE 217City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
BATCHING AND CAGING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

FEC Identification Number

**C****Transaction ID : SB21B.13142**

Amount of Each Disbursement this Period

1463.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSOLIDATED MAILING SERVICES**Mailing Address 504 SHAW ROAD  
SUITE 206City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

FEC Identification Number

**C****Transaction ID : SB21B.13142**

Amount of Each Disbursement this Period

6894.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8883.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 146

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		13		2016

Mailing Address 504 SHAW ROAD  
SUITE 206City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.13142**

Amount of Each Disbursement this Period

1078.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SERVICES**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		13		2016

Mailing Address 1155 - 15TH STREET, NW  
SUITE 410City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.13142**

Amount of Each Disbursement this Period

17896.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DIRECT SUPPORT SYSTEMS, INC.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		06		2016

Mailing Address 4095 RIVER FORTH DRIVE

City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
DATA MANAGEMENT SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.13142**

Amount of Each Disbursement this Period

160.62

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

19134.79

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 146

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ELAVON INC**Mailing Address TWO CONCOURSE PARKWAY  
SUITE 800City  
ATLANTAState  
GAZip Code  
30328Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

FEC Identification Number

**C****Transaction ID : SB21B.13141**

Amount of Each Disbursement this Period

92.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FACEBOOK, INC**

Mailing Address 1601 WILLOW ROAD

City  
MENLO PARKState  
CAZip Code  
94025Purpose of Disbursement  
ONLINE ADVERTISING: NO FEDERAL CANDIDATE IDENTIFIED

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

FEC Identification Number

**C****Transaction ID : SB21B.13140**

Amount of Each Disbursement this Period

115.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

FEC Identification Number

**C****Transaction ID : SB21B.13143**

Amount of Each Disbursement this Period

428.79

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

637.69



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 146

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	7			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.13143**

Amount of Each Disbursement this Period

558.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.13143**

Amount of Each Disbursement this Period

71.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.13143**

Amount of Each Disbursement this Period

35.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

665.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 146

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.13143**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
ONLINE ADVERTISING: NO FEDERAL CANDIDATE IDENTIFIED

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.13141**

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LETTKO, KATHRYN, , ,**

Mailing Address 527 FRANKLIN PLACE

City  
MONROVIAState  
CAZip Code  
91016Purpose of Disbursement  
WEB DEVELOPMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	7			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.13141**

Amount of Each Disbursement this Period

1800.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2450.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 146

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PAYPAL**

Mailing Address 2211 NORTH FIRST STREET

City  
SAN JOSEState  
CAZip Code  
95131Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

FEC Identification Number

**C** Transaction ID : SB21B.13407

Amount of Each Disbursement this Period

131.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SIMPKINS ESCROW LLC**

Mailing Address 29243 ST JUST DR

City  
UNIONVILLEState  
VAZip Code  
22567Purpose of Disbursement  
CAGING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

FEC Identification Number

**C** Transaction ID : SB21B.13143

Amount of Each Disbursement this Period

456.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THOMAS MEDIA GROUP, LLC**

Mailing Address 7014 13TH AVENUE

City  
BROOKLYNState  
NYZip Code  
11228Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2016

FEC Identification Number

**C** Transaction ID : SB21B.13141

Amount of Each Disbursement this Period

600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1187.80

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 146

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TWITTER**

Mailing Address 1355 MARKET STREET SUITE 900

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
ONLINE ADVERTISING: NO FEDERAL CANDIDATE IDENTIFIED

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.13141**

Amount of Each Disbursement this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TWITTER**

Mailing Address 1355 MARKET STREET SUITE 900

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
ONLINE ADVERTISING: NO FEDERAL CANDIDATE IDENTIFIED

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	4			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.13141**

Amount of Each Disbursement this Period

19.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TWITTER**

Mailing Address 1355 MARKET STREET SUITE 900

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
ONLINE ADVERTISING: NO FEDERAL CANDIDATE IDENTIFIED

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.13141**

Amount of Each Disbursement this Period

70.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

159.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 146

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TWITTER**

Mailing Address 1355 MARKET STREET SUITE 900

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
ONLINE ADVERTISING: NO FEDERAL CANDIDATE IDENTIFIED

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		18		2016

FEC Identification Number

C

Transaction ID : SB21B.13141

Amount of Each Disbursement this Period

69.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

69.60

33188.55

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 126 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241       </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>											
Full Name of Payee <input type="checkbox"/> Memo Item <b>FACEBOOK, INC</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 01 / 2016							
Mailing Address 1601 WILLOW ROAD				Amount <span style="border: 1px solid black; padding: 2px;">243.25</span>							
City MENLO PARK		State CA		Zip Code 94025							
Purpose of Expenditure ONLINE ADVERTISING				Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>							
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    District: 00    State:							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2040.14</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item <b>GOOGLE</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 03 / 2016							
Mailing Address 1600 AMPHITHEATRE PKWY				Amount <span style="border: 1px solid black; padding: 2px;">500.00</span>							
City MOUNTAIN VIEW		State CA		Zip Code 94043							
Purpose of Expenditure ONLINE ADVERTISING				Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>							
Name of Federal Candidate: MAST, BRIAN, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate    District: 18    State: FL							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1361.19</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width:40%; text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;">743.25</span></td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures .....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"> </span></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures .....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"> </span></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">743.25</span>	(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>	(a) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>
(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">743.25</span>										
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>										
(a) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
HIETALA, KAARLO, , , <span style="float: right;">[Electronically Filed]</span> Signature				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 27 / 2016							

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 127 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on				<div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M / D D / Y Y Y Y Y Y          10 / 07 / 2016       </div>	
Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M / D D / Y Y Y Y Y Y          10 / 07 / 2016       </div>		
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">         250.00       </div>		
City MOUNTAIN VIEW		State CA	Zip Code 94043	<b>Transaction ID : SE.131282</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M / D D / Y Y Y Y Y Y          10 / 06 / 2016       </div>	
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         10 / 06 / 2016       </div>		
Name of Federal Candidate: MAST, BRIAN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">         1611.19       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M / D D / Y Y Y Y Y Y          10 / 02 / 2016       </div>		
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">         250.00       </div>		
City MOUNTAIN VIEW		State CA	Zip Code 94043	<b>Transaction ID : SE.131286</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M / D D / Y Y Y Y Y Y          10 / 06 / 2016       </div>	
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         10 / 06 / 2016       </div>		
Name of Federal Candidate: DESANTIS, RONALD D., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">         696.87       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">         500.00       </div>	<b>▶</b>	
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>	<b>▶</b>	
<b>(a) TOTAL</b> Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">         500.00       </div>	<b>▶</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
HIETALA, KAARLO, , , Signature			[Electronically Filed]	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M / D D / Y Y Y Y Y Y          10 / 27 / 2016       </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 128 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>GOOGLE</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 08 / 2016	
Mailing Address 1600 AMPHITHEATRE PKWY				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">250.00</div>	
City MOUNTAIN VIEW		State CA		Zip Code 94043	
Purpose of Expenditure ONLINE ADVERTISING				Category/Type <span style="border: 1px solid black; padding: 2px;"> </span> Transaction ID : <b>SE.131284</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 07 / 2016	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MAST, BRIAN, , ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 18 State: FL	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 1861.19				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item <b>GOOGLE</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 01 / 2016	
Mailing Address 1600 AMPHITHEATRE PKWY				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">250.00</div>	
City MOUNTAIN VIEW		State CA		Zip Code 94043	
Purpose of Expenditure ONLINE ADVERTISING				Category/Type <span style="border: 1px solid black; padding: 2px;"> </span> Transaction ID : <b>SE.131302</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 07 / 2016	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose HURD, WILLIAM, , ,				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 23 State: TX	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> 1085.20				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>	
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
<b>(a) TOTAL</b> Independent Expenditures ..... ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>HIETALA, KAARLO, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 27 / 2016	

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 129 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/>	

  

Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><input type="text"/>10<input type="text"/></div> <div><input type="text"/>06<input type="text"/></div> <div><input type="text"/>2016<input type="text"/></div> </div>		
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">250.00</div>		
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>			
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <input type="text"/>			
Name of Federal Candidate: <b>MAST, BRIAN, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>18</b> State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2111.19</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

  

Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><input type="text"/>10<input type="text"/></div> <div><input type="text"/>06<input type="text"/></div> <div><input type="text"/>2016<input type="text"/></div> </div>		
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>		
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>			
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <input type="text"/>			
Name of Federal Candidate: <b>MAST, BRIAN, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>18</b> State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2611.19</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">750.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(a) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HIETALA, KAARLO, , ,

Signature

*[Electronically Filed]*

Date 

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27

2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 130 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/>	

  

Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/>10<input type="text"/></div> <div><input type="text"/>07<input type="text"/></div> <div><input type="text"/>2016<input type="text"/></div> </div>		
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>		
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>			
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <input type="text"/>			
Name of Federal Candidate: <b>DESANTIS, RONALD D., , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>06</b> State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1196.87</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

  

Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/>10<input type="text"/></div> <div><input type="text"/>07<input type="text"/></div> <div><input type="text"/>2016<input type="text"/></div> </div>		
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>		
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>			
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <input type="text"/>			
Name of Federal Candidate: <b>HURD, WILLIAM, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>23</b> State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1585.20</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(a) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HIETALA, KAARLO, , ,

Signature

*[Electronically Filed]*

Date 

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27

2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 131 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241         </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>							
Full Name of Payee <b>GOOGLE</b>			<input type="checkbox"/> Memo Item								
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>10 / 05 / 2016</b>								
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           500.00         </div>							
Purpose of Expenditure <b>ONLINE ADVERTISING</b>			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	<b>Transaction ID : SE.131313</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>10 / 11 / 2016</b>							
Name of Federal Candidate: <b>HIDALGO, JUAN M JR, , ,</b>				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> <b>850.20</b>				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>51</b> State: <b>CA</b>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <b>GOOGLE</b>			<input type="checkbox"/> Memo Item								
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>10 / 03 / 2016</b>								
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           500.00         </div>							
Purpose of Expenditure <b>ONLINE ADVERTISING</b>			Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	<b>Transaction ID : SE.131321</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>10 / 11 / 2016</b>							
Name of Federal Candidate: <b>CHABOT, PAUL R DR., , ,</b>				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span> <b>823.95</b>				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>31</b> State: <b>CA</b>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width: 40%; text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;">1000.00</span></td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures .....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"> </span></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures .....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"> </span></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">1000.00</span>	(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>	(a) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>
(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">1000.00</span>										
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>										
(a) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>HIETALA, KAARLO, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>10 / 27 / 2016</b>							
[Electronically Filed]				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>10 / 27 / 2016</b>							

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 132 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

  

Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 03 / 2016</div> </div>		
Mailing Address 1600 AMPHITHEATRE PKWY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div> <b>Transaction ID : SE.131330</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 11 / 2016</div> </div>		
City MOUNTAIN VIEW	State CA	Zip Code 94043			
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type <input type="text"/>			
Name of Federal Candidate: KIRK, MARK STEVEN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>IL</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">900.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

  

Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 03 / 2016</div> </div>		
Mailing Address 1600 AMPHITHEATRE PKWY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div> <b>Transaction ID : SE.131341</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>10 / 11 / 2016</div> </div>		
City MOUNTAIN VIEW	State CA	Zip Code 94043			
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type <input type="text"/>			
Name of Federal Candidate: MCSALLY, MARTHA E. MS., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>02</u> State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(a) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HIETALA, KAARLO, , ,

Signature

*[Electronically Filed]*

Date  /  /

10 / 27 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 133 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 10 / 2016	
Mailing Address 1600 AMPHITHEATRE PKWY		Amount <span style="border: 1px solid black; padding: 2px;">500.00</span>	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : <b>SE.131288</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 12 / 2016
Name of Federal Candidate: DESANTIS, RONALD D., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1696.87</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 10 / 2016	
Mailing Address 1600 AMPHITHEATRE PKWY		Amount <span style="border: 1px solid black; padding: 2px;">500.00</span>	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : <b>SE.131304</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 12 / 2016
Name of Federal Candidate: HURD, WILLIAM, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2085.20</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<span style="border: 1px solid black; padding: 2px;">1000.00</span>	
(a) SUBTOTAL of Unitemized Independent Expenditures .....		<span style="border: 1px solid black; padding: 2px;"> </span>	
(a) TOTAL Independent Expenditures .....		<span style="border: 1px solid black; padding: 2px;"> </span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
HIETALA, KAARLO, , , Signature		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 27 / 2016	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 134 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>GOOGLE</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>	
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>		Zip Code <b>94043</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <b>MAST, BRIAN, , ,</b>				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>18</b> State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2861.19</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item <b>GOOGLE</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>	
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>		Zip Code <b>94043</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: <b>HIDALGO, JUAN M JR, , ,</b>				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>51</b> State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">950.20</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">350.00</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(a) TOTAL</b> Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>HIETALA, KAARLO, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 135 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241       </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>											
Full Name of Payee <input type="checkbox"/> Memo Item <b>GOOGLE</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 10 / 2016							
Mailing Address 1600 AMPHITHEATRE PKWY				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>							
City MOUNTAIN VIEW		State CA		Zip Code 94043							
Purpose of Expenditure ONLINE ADVERTISING				Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>							
Name of Federal Candidate: CHABOT, PAUL R DR., , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House    District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1323.95</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item <b>GOOGLE</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 10 / 2016							
Mailing Address 1600 AMPHITHEATRE PKWY				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>							
City MOUNTAIN VIEW		State CA		Zip Code 94043							
Purpose of Expenditure ONLINE ADVERTISING				Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>							
Name of Federal Candidate: KIRK, MARK STEVEN, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: IL							
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1400.00</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width:40%; text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;">1000.00</span></td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures .....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"> </span></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures .....</td> <td style="text-align: right;">▶ <span style="border: 1px solid black; padding: 2px;"> </span></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">1000.00</span>	(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>	(a) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>
(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;">1000.00</span>										
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>										
(a) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 2px;"> </span>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
HIETALA, KAARLO, , , Signature				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 27 / 2016							

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 136 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             M M / D D / Y Y Y Y Y Y           </div> </span>	

Full Name of Payee <b>GOOGLE</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">             M M / D D / Y Y Y Y Y Y              10 / 10 / 2016           </div>
Mailing Address 1600 AMPHITHEATRE PKWY		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">             500.00           </div>
City MOUNTAIN VIEW	State CA	
Zip Code 94043		
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Name of Federal Candidate: MAST, BRIAN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">             3361.19           </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate		District: 18 State: FL
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>GOOGLE</b>	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">             M M / D D / Y Y Y Y Y Y              10 / 12 / 2016           </div>
Mailing Address 1600 AMPHITHEATRE PKWY		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">             500.00           </div>
City MOUNTAIN VIEW	State CA	
Zip Code 94043		
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Name of Federal Candidate: DESANTIS, RONALD D., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">             2196.87           </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate		District: 06 State: FL
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">             1000.00           </div>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">             0.00           </div>
(a) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">             1000.00           </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HIETALA, KAARLO, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2016

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 137 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

  

Full Name of Payee <b>GOOGLE</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 07 / 2016 </div>	
Mailing Address 1600 AMPHITHEATRE PKWY		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 250.00 </div>		<b>Transaction ID : SE.131342</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 14 / 2016 </div>	
City MOUNTAIN VIEW	State CA				
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type		Name of Federal Candidate: MCSALLY, MARTHA E. MS., , ,	
Name of Federal Candidate: MCSALLY, MARTHA E. MS., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 750.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

  

Full Name of Payee <b>GOOGLE</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 10 / 2016 </div>	
Mailing Address 1600 AMPHITHEATRE PKWY		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 250.00 </div>		<b>Transaction ID : SE.131348</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 14 / 2016 </div>	
City MOUNTAIN VIEW	State CA				
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type		Name of Federal Candidate: ZINKE, RYAN K, , ,	
Name of Federal Candidate: ZINKE, RYAN K, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 250.00 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 500.00 </div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(a) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HIETALA, KAARLO, , ,

Signature

**[Electronically Filed]**

Date MM / DD / YYYY

10 / 27 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 138 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

  

Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>		
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	<b>Transaction ID : SE.131269</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/ Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>MAST, BRIAN, , ,</b>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3861.19</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016			District: <b>18</b> State: <b>FL</b>		

  

Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>		
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	<b>Transaction ID : SE.131290</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/ Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>DESANTIS, RONALD D., , ,</b>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2696.87</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016			District: <b>06</b> State: <b>FL</b>		

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1000.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(a) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

**HIETALA, KAARLO, , ,**  
 Signature

**[Electronically Filed]**

Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 139 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>GOOGLE</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>10 / 14 / 2016</b>	
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Amount <span style="border: 1px solid black; padding: 2px;">500.00</span>		
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.131305</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>10 / 17 / 2016</b>		
Name of Federal Candidate: <b>HURD, WILLIAM, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>23</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2585.20</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>GOOGLE</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>10 / 17 / 2016</b>	
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Amount <span style="border: 1px solid black; padding: 2px;">250.00</span>		
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.131306</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>10 / 17 / 2016</b>		
Name of Federal Candidate: <b>HURD, WILLIAM, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>23</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2835.20</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	750.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(a) TOTAL Independent Expenditures .....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HIETALA, KAARLO, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2016**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 140 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">C</span> C00523241 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>GOOGLE</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div>	
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>		Zip Code <b>94043</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>				Transaction ID : <b>SE.131316</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <b>HIDALGO, JUAN M JR, , ,</b>				<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>51</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">1700.20</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>GOOGLE</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>	
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>		Zip Code <b>94043</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>				Transaction ID : <b>SE.131325</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: <b>CHABOT, PAUL R DR., , ,</b>				<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>31</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">1823.95</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....  <b>(a) TOTAL</b> Independent Expenditures ..... </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">1250.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>HIETALA, KAARLO, , ,</u>				Date <span style="float: right;">MM / DD / YYYY</span> <div style="display: flex; justify-content: space-around;"> <span>10</span> <span>27</span> <span>2016</span> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 141 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <b>GOOGLE</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <input type="text"/>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">250.00</div>	
Name of Federal Candidate: <b>KIRK, MARK STEVEN, , ,</b>				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1650.00</div>				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>IL</b>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <b>GOOGLE</b>			<input type="checkbox"/> Memo Item		
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <input type="text"/>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
Name of Federal Candidate: <b>MCSALLY, MARTHA E. MS., , ,</b>				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">850.00</div>				Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>AZ</b>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">350.00</div>		
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
<b>(a) TOTAL</b> Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>HIETALA, KAARLO, , ,</b>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 142 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">500.00</div>		
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		
Name of Federal Candidate: <b>MAST, BRIAN, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House    District: <b>18</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">4361.19</div>					
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">500.00</div>		
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		
Name of Federal Candidate: <b>DESANTIS, RONALD D., , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>FL</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3196.87</div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....       </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1000.00</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....       </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) TOTAL</b> Independent Expenditures .....       </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>HIETALA, KAARLO, , ,</u>			Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 143 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>		
City MOUNTAIN VIEW		State CA	Zip Code 94043	<b>Transaction ID : SE.131307</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: HURD, WILLIAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">3335.20</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>		
City MOUNTAIN VIEW		State CA	Zip Code 94043	<b>Transaction ID : SE.131273</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: MAST, BRIAN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">4861.19</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(a) TOTAL</b> Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
HIETALA, KAARLO, , , Signature			[Electronically Filed]	Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 144 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

  

Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">150.00</div>		
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	<b>Transaction ID : SE.131308</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/ Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>HURD, WILLIAM, , ,</b>		
Name of Federal Candidate: <b>HURD, WILLIAM, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>23</b> State: <b>TX</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3485.20</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

  

Full Name of Payee <b>GOOGLE</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>		
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	<b>Transaction ID : SE.131317</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> <div><input type="text"/> / <input type="text"/> / <input type="text"/></div> </div>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/ Type <input type="text"/>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>HIDALGO, JUAN M JR, , ,</b>		
Name of Federal Candidate: <b>HIDALGO, JUAN M JR, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <b>51</b> State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2200.20</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">650.00</div>
<b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(a) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HIETALA, KAARLO, , ,

Signature

*[Electronically Filed]*

Date  /  /



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 145 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee <b>GOOGLE</b> <span style="float: right;"><input type="checkbox"/> Memo Item</span>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span></span> <span>225.00</span> </div>	
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>	<b>Transaction ID : SE.131336</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>KIRK, MARK STEVEN, , ,</b>				<div style="display: flex; justify-content: space-between; width: 100%;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: _____  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IL</b> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <b>1875.00</b>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>GOOGLE</b> <span style="float: right;"><input type="checkbox"/> Memo Item</span>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span></span> <span>25.00</span> </div>	
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>	<b>Transaction ID : SE.131346</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>ZELDIN, LEE M, , ,</b>				<div style="display: flex; justify-content: space-between; width: 100%;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <b>25.00</b>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....  <b>(a) TOTAL</b> Independent Expenditures .....         </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span></span> <span>250.00</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span></span> <span></span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 100%;"> <span></span> <span></span> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>HIETALA, KAARLO, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 146 OF 146  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241         </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>							
Full Name of Payee <b>GOOGLE</b>			<input type="checkbox"/> Memo Item								
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>								
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>							
Purpose of Expenditure <b>ONLINE ADVERTISING</b>			Category/ Type <input type="text"/>	Transaction ID : <b>SE.131349</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>							
Name of Federal Candidate: <b>ZINKE, RYAN K, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MT</b>							
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">300.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>							
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>							
City		State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>							
Purpose of Expenditure			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>							
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____							
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width: 40%; text-align: right;">50.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures .....</td> <td></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures .....</td> <td style="text-align: right;">15643.25</td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	50.00	(a) SUBTOTAL of Unitemized Independent Expenditures .....		(a) TOTAL Independent Expenditures .....	15643.25
(a) SUBTOTAL of Itemized Independent Expenditures .....	50.00										
(a) SUBTOTAL of Unitemized Independent Expenditures .....											
(a) TOTAL Independent Expenditures .....	15643.25										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <b>HIETALA, KAARLO, ,</b>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>								
[Electronically Filed]			Date <input type="text"/> / <input type="text"/> / <input type="text"/>								